

01-31-02

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
UTILITY PATENT APPLICATION TRANSMITTAL

INVENTOR NAMED INVENTOR OR APPLICATION IDENTIFIER: HERMANN D. FUNKE
TITLE: METHOD AND APPARATUS FOR CONTROLLING AN IMPLANTABLE MEDICAL DEVICE IN RESPONSE TO THE PRESENCE OF A
MAGNETIC FIELD AND/OR HIGH FREQUENCY RADIATION INTERFERENCE SIGNALS

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Box Patent Application, Commissioner of Patents, Washington, D.C. 20231, *EXPRESS No. EV 019 705 815 US, on this 29th day of January, 2002.

Molly Chlebeck
Printed Name
Signature

Commissioner for Patents
BOX PATENT APPLICATION
Washington, D.C. 20231

10/059586
01/29/02

Sir:

We are transmitting herewith the attached:

- X Patent Application Transmittal
- X Specification:
Total pages: 20 (including claims and abstract: Spec. 12 sheets; Claims 7 sheets; Abstract 1
- X Drawings:
Total sheets: 7
☐ formal ☒ informal
- ☒ Combined Declaration and Power of Attorney:
☒ unexecuted
☐ copy from prior application
☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))
☐ Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*
- X Accompanying application parts:
☐ Notification of filing a
☐ Assignment of the Invention to Medtronic, Inc.
☐ Assignment cover sheet
☐ Information Disclosure Statement
☐ PTO Form 1449
☐ Copies of IDS citations
☐ Preliminary Amendment
☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.
X Return Postcard

IF A CONTINUING APPLICATION:

- ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)
of prior application No. _____ / _____.
- ☐ Amend the specification by inserting before the first line the sentence: This application is a ☐ continuation
☐ division ☐ continuation in part of application number _____, filed _____.
- ☐ Cancel in this application original claims _____ of the prior application before calculating the filing fee.
(At least the original independent claim must be retained for filing purposes.)
- ☐ The prior application is assigned of record to Medtronic, Inc.
- ☐ The Power of Attorney in the prior application is to: _____.

☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) _____, filed _____.

X Address all future correspondence to: GIRMA WOLDE-MICHAEL, Reg. No. 36,724
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FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	41	20	= 21	x 18	\$378.00
Independent Claims	7	3	= 4	x 84	\$336.00
Multiple Dependent Claims			0	+ 280	
Basic Filing Fee					\$740.00
TOTAL					\$1,454.00

X Charge Deposit Account No. 13-2546 the amount of **\$1,454.00** for the basic filing fee and extra claim fee.

X The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

Date

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